

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																						
1 Date of Request: <u>6-1-98</u>		2 Serial/Patent # <u>08/980395</u>																																																				
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 5%;"></td><td style="width: 40%;">Filing</td><td style="width: 15%;">4 PAPER NUMBER</td><td style="width: 15%;">5 DATE FILED</td><td style="width: 25%;">6 AMOUNT</td></tr> <tr><td></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Other</td><td></td><td></td><td>\$ 65</td></tr> </table>		Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		Amendment			\$		Extension of Time			\$		Notice of Appeal/Appeal			\$		Petition			\$		Issue			\$		Cert of Correction/Terminal Disc.			\$		Maintenance			\$		Assignment			\$	<input checked="" type="checkbox"/>	Other			\$ 65	7 TOTAL AMOUNT OF REFUND \$ 65			
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10 REASON: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 40%;">Overpayment</td><td rowspan="3" style="width: 5%; text-align: center; vertical-align: middle;"><input checked="" type="checkbox"/></td><td style="width: 55%;">Treasury Check</td></tr> <tr><td>Duplicate Payment</td><td>Credit Deposit A/C #:</td></tr> <tr><td><input checked="" type="checkbox"/> No Fee Due (Explanation):</td><td>9 <u>07--11185</u></td></tr> </table>		Overpayment	<input checked="" type="checkbox"/>	Treasury Check	Duplicate Payment	Credit Deposit A/C #:	<input checked="" type="checkbox"/> No Fee Due (Explanation):	9 <u>07--11185</u>	8 TO BE REFUNDED BY:																																													
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<p>There was an executed decl. in the case when it was filed.</p>																																																						
11 REFUND REQUESTED BY:																																																						
TYPED/PRINTED NAME: <u>Chanell Farmer</u> TITLE: <u>LIE</u> SIGNATURE: <u>Chanell Farmer</u> PHONE: <u>308-9583</u> OFFICE: <u>OIPE</u>																																																						
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: <u>[Signature]</u> DATE: <u>6/30/98</u>																																																						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B